

## REQUEST FOR ANNUITY ESTIMATE

For questions or assistance in completing the form, contact your RTP HR SSC retirement Counselor.

Name (Last, First, MI):	User ID: <i>*Can be found by going to PeoplePlusto "People Tools" to "ProcessMonitor."</i>
Date of Birth:	Last four of SSN:
Work Phone #:	Date of Request:
Office or Region:	
Estimated Dates of Retirement (Up to three dates for estimates within a one year period) 1) 2) 3)	Current Retirement Plan: <input type="checkbox"/> CSRS <input type="checkbox"/> CSRS Offset * <input type="checkbox"/> FERS* <b>*Provide current Social Security Statement if:</b> Under CSRS Offset – <b>OR</b> – FERS (under age 62 at anticipated retirement date) SS Statements can be obtained at <a href="http://www.socialsecurity.gov/mystatement/">http://www.socialsecurity.gov/mystatement/</a>

Is this request for a Disability Retirement annuity estimate?

☐ Yes

☐ No

\*Are you receiving Standby Pay?

☐ Yes

☐ No

### SURVIVOR ANNUITY BENEFIT ELECTION INFORMATION:

*\*Note: You must elect a survivor benefit to continue health insurance coverage for family members.*

Maximum Survivor Benefits: <input type="radio"/> Yes <input type="radio"/> No <ul style="list-style-type: none"><li>(CSRS &amp; CSRS Offset) 55% of your annuity will be paid to your survivor in the event of your death.</li><li>(FERS) 50% of your annuity will be paid to your survivor in the event of your death.</li></ul>
Partial Survivor Benefits: <input type="radio"/> Yes <input type="radio"/> No <ul style="list-style-type: none"><li>(CSRS &amp; CSRS Offset) 55% of a specific dollar amount will be paid to your survivor in the event of your death. Specify the dollar amount or percentage: \$ _____ or 0.00% _____</li><li>(FERS) 25% of your annuity will be paid to your survivor in the event of your death.</li></ul>
No Survivor Benefits: <input type="checkbox"/> I choose an annuity payable only during my lifetime.

### MILITARY SERVICE:

Have you had prior active duty military service?	<input type="radio"/> Yes	<input type="radio"/> No
Have you made a military service deposit?	<input type="radio"/> Yes	<input type="radio"/> No
Are you a military retiree?	<input type="radio"/> Yes	<input type="radio"/> No

## **DEPOSIT/REDEPOSIT SERVICE**

	Yes	No
Do you have any service which retirement deductions were not withheld such as temporary or intermittent service?	<input type="radio"/>	<input type="radio"/>
<ul style="list-style-type: none"><li>If yes, did you pay a deposit for the service?</li></ul>		
Do you have any service which you received a refund of your retirement contributions such as after a break in service?	<input type="radio"/>	<input type="radio"/>
<ul style="list-style-type: none"><li>If yes, have you made a redeposit for the refunded amount back into the retirement fund?</li></ul>	<input type="radio"/>	<input type="radio"/>
<ul style="list-style-type: none"><li>If yes, what was the dollar amount of the refund?</li></ul>	\$_____	
<ul style="list-style-type: none"><li>If yes, when was the date the refund was received?</li></ul>	_____	

## **FEDERAL EMPLOYEES HEALTH BENEFIT**

*\*Note: In order to continue health insurance into retirement, you must have been enrolled for five years preceding your retirement date or since your first opportunity to enroll.*

	Yes	No
If eligible, do you want to continue health insurance?	<input type="radio"/>	<input type="radio"/>

## **FEDERAL TAXES**

	Yes	No
Would you like Federal Taxes included in your annuity estimate? <i>* Note: If a W-4P is not included with retirement application, withholding will be at a rate for married with 3 exemptions.</i>	<input type="radio"/>	<input type="radio"/>
<ul style="list-style-type: none"><li>If yes, what is the rate of federal taxes you would like?</li></ul> <input type="radio"/> Married <input type="radio"/> Single    _____ # of exemptions    _____ Additional amount Withheld		

**STATE TAXES**— State taxes will not be included in your estimate. For state tax information, please refer to the following link at OPM's website:

<http://www.opm.gov/retire/annuity/tax/federalstate.asp>

## **FEDERAL EMPLOYEES GROUP LIFE INSURANCE**

*\*Note: In order to continue life insurance into retirement, you must have been enrolled for five years preceding your retirement date or since your first opportunity to enroll.*

<b><u>Basic Life Insurance</u></b>	Yes	No
<ul style="list-style-type: none"><li>Basic insurance amount is your annual basic pay rounded up to the next \$1000 plus \$2000.</li><li>May be retained at full value (no reduction), or gradually reduce by 50% or 75% of the original value. If you elect a reduction, your basic insurance begins to reduce the 2nd month after age 65 or the 2nd month after retirement, whichever is later.</li></ul>		
If eligible, do you want to continue basic life insurance?	<input type="radio"/>	<input type="radio"/>
<ul style="list-style-type: none"><li>If yes, indicate which option you are choosing:</li></ul> <p><input type="radio"/> No Reduction      <input type="radio"/> 50% Reduction      <input type="radio"/> 75% Reduction</p>		

<b><u>Optional Life Insurance A</u></b> <ul style="list-style-type: none"><li>Option A – automatically reduces the 2<sup>nd</sup> month after you reach age 65 or the 2<sup>nd</sup> month after retirement, whichever is later. It will reduce 2% each month until 25% pre-retirement value is reached (\$2500). The cost is free at age 65.</li><li>Insurance coverage is an additional coverage of \$10,000.</li></ul>	
Do you wish to continue Option A Life Insurance?	<input type="radio"/> Yes <input type="radio"/> No

<b><u>Optional Life Insurance B and C</u></b> <ul style="list-style-type: none"><li>Option B coverage – each multiple is equal to your annual basic pay.</li><li>Option C coverage – each multiple is equal to \$5000 for your spouse and/or \$2500 for each eligible child.</li><li><u>Full Reduction</u> – coverage will reduce the 2<sup>nd</sup> month after you reach 65 at a rate of 2% per month for 50 months then coverage ends.</li><li><u>No Reduction</u> – 100% pre-retirement coverage continues for life.</li><li>Mixed elections are allowed. For example, if you have 3 multiples, you can elect to have two with “full reduction” and one with “no reduction.”</li></ul>
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<b><u>OPTION B</u></b> - Do you wish to continue Option B Life Insurance?	<input type="radio"/> Yes	<input type="radio"/> No		
Multiples to carry into retirement:				
<input type="radio"/> 1x	<input type="radio"/> 2x	<input type="radio"/> 3x	<input type="radio"/> 4x	<input type="radio"/> 5x
_____ number of multiples with Full Reduction				
_____ number of multiples with No Reduction				
<b><u>OPTION C</u></b> - Do you wish to continue Option C Life Insurance?				
<input type="radio"/> Yes <input type="radio"/> No				
Multiples to carry into retirement:				
<input type="radio"/> 1x	<input type="radio"/> 2x	<input type="radio"/> 3x	<input type="radio"/> 4x	<input type="radio"/> 5x
_____ number of multiples with Full Reduction				
_____ number of multiples with No Reduction				